

**Los Angeles County Department of Mental Health
Transitional Age Youth System of Care (TAY-SOC)
Quality Improvement Committee Meeting**

Meeting Minutes: January 23, 2014
Location: West Central Mental Health
3751 Stocker St, Los Angeles 90008

Chair: Aprill Baker, Chairperson
Minutes: Aprill Baker

Start Time: 9am
End Time: 11am

Attendees:

Anthony, Jacqueline – Alafia Mental Health
Auer-Arriaga, Christina – DMH/AFH
Baker, Aprill – DMH/SA 6 Administration
Castillo, Stephanie – Hopics
Chae, Christine- Tessie Cleveland
Campbell, Marilyn – Kedren Mental Health
Chavez, Joseph – St. Francis
Crosby, Mary – DMH/QI Division
Davis, Margaret -Personal Involvement Center
Echeverria, Liz - SCHARP/Barbour & Floyd
Elder, Julie-SCHARP/Barbour & Floyd
Espinas, Lani- Crittenton
Fisher, Cathy - 1736 Family Crisis Center
Garnica, Andrea-Weber Community Center
Gertmenian, Dr. Socorro-LA Child Guidance
Gonzales, Jannelle-Hollygrove EMQ
Gutierrez, Elva-The Guidance Center
Hayes, Michelle – Eggleston Youth Center
Kausar, Ahmad-DMH/Specialized Foster Care
Kim, Kathleen -Counseling4Kids
Leon, Lori-CII

McDaniel, Debresha – DMH/SA 6 Administration
Mendez, Melinda – Exodus Recovery
Moore, Vynette-Shields for Families
Nguyen, Mimi – SSG/API
Nguyen, Thang-DMH/Program Review
Salazar, Nicole-Exodus Recovery
Vargas, Healthier - Starview
Vigil, Andy-Drew Child Development Center
Whittington, Yolanda – DMH-Mental Health District Chief
Wilkerson, Kameelah-Hathaway-Sycamores
Williams, Kimberly – Didi Hirsch
Woods, Rosary-Kedren Mental Health

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| Agenda Item/Presenter | Discussion | Decisions/Scheduled Tasks |
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| Welcome & Introductions | | |
| Agenda Item/Presenter | Discussion | Decisions/Scheduled Tasks |
| Review of Meeting Minutes | <ul style="list-style-type: none"> Standard | <ul style="list-style-type: none"> Minutes were approved without correction |
| Quality Improvement -Aprill Baker | | |
| Clinical Quality Improvement-OMD Report | <ul style="list-style-type: none"> Discussed Medication Parameters being revised, purpose for revisions. Discussed revision of Policy 109.1 – Mental Health Research Review. Providers wanted clarification about Interns using clients as subjects for thesis papers and /or providing surveys to clients. | <ul style="list-style-type: none"> Handout provided QA Chair will get clarification to determine if Policy 109.1 applies to Interns using clients as subjects for their thesis papers and/or providing surveys to clients. |
| Cultural Competency Updates | <ul style="list-style-type: none"> Discussion of cultural and linguistic logs being merged with the service request log. Notified providers that a LGBTQ Workgroup has been created by CCC. Mary Crosby, DMH-QI Department provided additional information about the LGBTQ community including their history of being underrepresented and encouraged providers to participate in LGBTQ workgroup. Committee discussed the possibility of DMH providing trainings on the LGBTQ to clinicians and support staff to increase knowledge and sensitivity when interacting with the LGBTQ community. Yolanda Whittington, DMH-District Chief discussed the importance of recognizing other factors that influence the treatment of the LGTBQ community such as cultural and racial differences. Ms Whittington updated QIC on the plan for additional trainings. Committee shared resources for the LGBTQ in SA 6. | <ul style="list-style-type: none"> QA Chair will notify QIC members of when the next Cultural Competency Committee meeting will be held for those who want to attend. Community Resources for the LGBTQ community include: Village Health Foundation, In the Meantime, Amassi, Black Lesbians United, Rise. |

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| <p>Patients Rights Office</p> <p>Policy Updates</p> <p>Network of Care Directory</p> <p>ACCESS Center Survey Summary</p> <p>MHSIP Time Trend Map</p> | <ul style="list-style-type: none"> Discussed the change of procedure for requesting forms from PRO. Carol Lewis with PRO should be contacted directly. Discussed Change of Provider Requests and procedures. Committee acknowledged they are already familiar with the policy/procedure regarding change of Providers and have been complying. Committee reviewed updated policies. There were no questions related to updates Information was provided about provided about the Network or Care Directory being used in addition to the DMH Provider Directory Information provided on the outcome of ACCESS surveys completed. Committee discussed the expectation that provider make contact with client within 24 hours of receiving referral. Discussion on how to handle inappropriate referrals, referrals that have more than one clinic listed and if a NOA needs to be given if the referral is inappropriate. Committee members were informed that ACCESS staff have been instructed to only list one clinic when giving a referral and to contact ACCESS Supervisor Dr. Michael Tredinnick with problems Mary Crosby presented MHSIP Time Trend Map. Encouraged providers to look at information for SA 6 | <ul style="list-style-type: none"> Contact number for Carol Lewis in PRO was provided Handout provided Website address and explanation of the site provided. QIC members encouraged to look at the site. QA Chair to get further clarification regarding inappropriate referrals and if a NOA needs to be given and locate policy stating t referral from ACCESS needs to be contacted within 24 hours. QA Chair will also clarify if “within 24 hours” applies only to business hours. QA Chair will forward link to map to QIC members |

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| <p>Quality Assurance-Aprill Baker</p> <p>IBHIS Update</p> <p>QA Technical Assistance</p> <ul style="list-style-type: none"> • Service Request Logs and Beneficiary Acknowledgement Bulletin • Policy 104.9 • Simplification of Forms and Update of Organizational Manual | <ul style="list-style-type: none"> • Discussed IBHIS Go Live in SA 2 planned of Jan 27, 2014. Discussed previous presentation on procedure codes that will include modifiers and QA currently working on an Addendum to the Procedure Codes Manual which will include modifiers. • Discussed requirement for D.O providers to uses the Service Request Logs and Beneficiary Acknowledgement of Receipt forms as is, L.E have the option to create their own, however it must include all relevant information. • Discussed the revision to Policy 104.9: which addresses clinical documentation. Committee discussed the possibility of the policy being completed before the implementation of IBHIS, in order to give them time to prepare of the changes. • Information was provided on the current revision of assessment forms, including the elimination of the annual assessment and there only being one assessment per age group. Information provided on the changes to the Organizational Manuel, such as including a clinical loop for medical necessity, adding progress note requirements and modifying the CCCP. Committee was advised that QA department will come out to SA QIC meetings to train on the changes. | <ul style="list-style-type: none"> • See handout • QA Chair will forward QA Bulletin 13-06, The Beneficiary Acknowledgment of Receipt and the Request for Services Log to QIC members, • QA Chair will provide updates on the completion of Policy 104.9 as they are given by the QA department |
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| <p>Health Information Management</p> <ul style="list-style-type: none">• HIPAA Privacy Breaches | <ul style="list-style-type: none">• Discussion about HIPPA Breach, PHI being sent to personal email addresses and clinics not having the appropriate HIPPA poster and 7 page document posted in lobby. Committee inquired about when the HIPPA would be translated into Spanish. Information was provided about the Office of Civil Rights Investigations. OCR has policing authority to ensure HIPPA laws are not being violated. QA Chair Reinforced the severity of penalties for HIPPA violations. Clarification was given about using a secure website from a personal computer vs using an unsecure site from a personal computer (such as having PHI in a personal email) | |
| <p>State DHCS Updates</p> | <ul style="list-style-type: none">• Reviewed Bulletin 13-22 – there will be no immediate changes related to DSM V.• Reviewed handouts for LPCC – none of SA 6 providers are currently employing LPCC's• Discussed DMH Plan of Correction that was submitted in response to the State Audit findings. QIC member asked if a copy of the Plan of Correct can be provided• QIC members had inquired about departmental plan to allocate additional staff at D.O sites to address QA/QI needs• District Chief Yolanda Whittington reinforced policy that each provider should have a QI/QA committee comprised of current staff . DC discussed the components that should make up the QA/QI plan. | <ul style="list-style-type: none">• QIC Chair will follow-up with Departmental QI division to inquire about getting copy of Plan of Correction• QIC committee members expressed interest in a collaborative project to help providers develop an QA/QI Plan in compliance with what is required by policy. QA Chair will consult with District Chief on getting this process started. |

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| <p>Program Review/Certification – Thang Nguyen</p> <p>MHSA PEI</p> <p>Open Agenda</p> | <ul style="list-style-type: none">• Thang Nguyen reminded providers that he and the District Chief need to be advised of any changes to their programs. Advised QIC members that DTI and Rehab Documentation claiming and training is Feb 19, 2014, 2 staff per agency can attend.• QIC Chair discussed information provided at Quarterly MHSA PEI meeting; focus of MHSOAC is on outcomes and measuring the effectiveness our programs. Chair encouraged QIC members to download MHSOAC strategic Plan for 2014.• QIC Chair provided updates on PEI based on age groups and provided information on upcoming quarterly providers meeting being held on Feb 11th at 9am – 550 Vermont.• None <p>Next Meeting is Thursday, February 27th</p> | <ul style="list-style-type: none">• QIC Chair will forward MHSOAC Strategic Plan to QIC members |
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Aprill Baker

Date